File Number:	
84-1721	
For the reporting period ended December 31, 2002	



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB API	PROVAL
OMB Number:	3235-0337
Expires:	July 31, 2003
Estimated average	ge burden
hours per full res	
Estimated average	ge burden
hours per interm	ediate
response	1.50
Estimated averag	
hours per minim	um
response	

FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)

1.		l name of Registrant as stated not use Form TA-2 to change name めんしん としゅんと Form TA-2 to change name	or address.)	TA-1:	MAR 9 & 2003			
2.	a.	· · · · · · · · · · · · · · · · · · ·		ged a service company to	perform any of its transfer agent functions?			
		☐ All	□ Some	✓ None				
	b.	If the answer to subsection company(ies) engaged:	If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged:					
		Name of Transfer Agent(s):			File No. (beginning with 84- or 85-):			
					PROCESSED			
					MAR 3 1 2003			
					THOMSON FINANCIAL			
	c.	During the reporting period, transfer agent functions?	has the Registrant been	engaged as a service com	npany by a named transfer agent to perform			
		☐ Yes	[☑ No				
	d.		as a service company to	o perform transfer agent f	of the named transfer agent(s) for which the unctions: (If more room is required, please			
		Name of Transfer Agent(s):			File No. (beginning with 84- or 85-):			

3.	a.	Federal Dep	r of the Currer posit Insurance overnors of the	ncy Corpor e Federa	ation l Reser			conly.)				
	b.	During the repo											whic
			mendment(s) o file amendm ble	ent(s)									
	c.	If the answer to	subsection (b) is no, p	provide	an expl	anation;						
_		If t	he response	to any	of qu	estions	4-11 below	is non	ie or zer	o, enter "	0."		
4.	Nu	mber of items re	ceived for trai	nsfer dur	ing the	reportin	g period:					2,11	14
5.		Total number of System (DRS),	of individual se	curityho	lder ac	counts,	including acco	unts in	the Direc	t Registrati	ion	2/ 4	18
	b.	Number of indi										s 28,5	03
	c.	Number of indi	ividual securit	yholder l	DRS ac	counts a	s of December	31:					0
	d.	Approximate p December 31:	ercentage of i	ndividua	ıl secur	rityholde	r accounts fro	m subs	section (a)	in the fol	lowin	g categorie	s as o
		Corporate Equity Securities	Corporate Debt Securities		Open Invest Com Secu	tment pany	Limited Partnersh Securiti	nip	Municip Secur		S	Other ecurities	
		100											
6.	Nu	mber of securitie	es issues for w	hich Reg	istrant	acted in	the following	capaci	ties, as of	December	31:		
					Corpor Securit		Open-End Investment Company	Par	imited tnership curities	Municip Debt Securitie		Other Securities	
		D 1 14	C	Equity		Debt	Securities			Becaritie			_
	a.	Receives items and maintains t securityholder	the master files:	/		/			·				
	b.	Receives items but does not managed a security	aintain the										
	c.	master security Does not receiv transfer but ma master security	ve items for intains the										

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
5-14-02	/, 302	1,087

b.	Number of lost securityholder accounts that have been remitted to states during the	193
	reporting period:	775

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form: Mikele d. Borowski	Title: Stock Transfor Manager Telephone number: 614-492-4952
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):
Michele A. Borowski	03-18-03

File Number	Supplement to Form TA-2
For the reporting period ended December 31,	Full Name of Registrant

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):	File No. (beginning with 84- or 85-):